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### United Nations Children's Fund

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### **Annual report on the implementation of the UNICEF Gender Action Plan, 2014-2017**

#### *Summary*

The present document, prepared in accordance with Executive Board decision 2014/8, provides the third annual update on the implementation of the UNICEF Gender Action Plan (GAP), 2014-2017. The report includes an update on progress on GAP priorities, indicators and performance benchmarks.

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## I. Introduction

1. The UNICEF Gender Action Plan (GAP), 2014-2017 specifies how UNICEF will promote gender equality across the organization's work, in alignment with the UNICEF Strategic Plan, 2014-2017. The first year of the GAP focused on building a foundation and the second on expanding gender expertise and strengthening programmes. This third annual review comes at a time when UNICEF is shaping its next strategic plan. As such, it reflects on progress made, reviews lessons learned and charts the direction for the GAP, 2018-2021.<sup>1</sup>

2. This report highlights trends and progress from the 2013 baseline year, mapping against the GAP results matrix to the extent possible, and through the patterns drawn from the rich information in global, regional and country office annual reports. In a three-year time frame, 2014 to 2016, institutional investments made by UNICEF through increased resources, leadership, accountability, as well as strengthened gender expertise and partnerships, have begun to yield demonstrable progress on gender results.

3. Areas such as maternal health and nutrition show improved gender outcomes. The number of countries with budgeted maternal and child health plans, and antenatal care and skilled birth attendance coverage above 80 per cent has increased significantly in the past three years. In an increasing number of countries, adolescent girls are benefiting from better maternal care and nutrition. Progress has also been made on child marriage and female genital mutilation/cutting (FGM/C). Eleven countries now have national action plans on child marriage, compared with only one country in 2013, and two countries in the UNFPA (United Nations Population Fund)-UNICEF Joint Programme on Female Genital Mutilation/Cutting show a decline of 10 per cent or more in girls aged 0-14 undergoing FGM/C since 2008. Indicators on other adolescent girl-related areas — secondary education, HIV/AIDS and menstrual hygiene management (MHM) — show slower progress, but programming is improving and progressing in several countries, despite resource and policy constraints.

4. In 2016, country-level nuances in gender results and implementation become more visible and the effort to programme at scale more evident. Increasingly, UNICEF-supported programmes are engaging in gender-responsive interventions to reach large numbers of women and girls. This is demonstrated through additional country-level interventions in support of partnerships with Governments, engagement with national and subnational systems, development of budgeted plans, and investment in gender-responsive training, curricula and service infrastructure. Even on issues where overall progress on GAP indicators is lagging, there has been an increase in gender programming. However, sustained efforts are required to make a marked difference on many gender outcome indicators.

5. The 2016 results demonstrate that the GAP provided a framework for UNICEF to respond to the gender dimensions of the multiple humanitarian crises that occurred. Expanded efforts helped UNICEF to address gender-based violence in emergencies for four times as many women and children as compared to two years ago. The nature of emergencies such as the refugee and migrant crisis in Europe and the Zika virus required new models of gender-responsive programming.

6. Specifying indicators to measure the full range of GAP progress remains a challenge. For formalized global programmes, such as UNICEF work on maternal

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<sup>1</sup> This annual report is complemented by the Data companion and scorecard to annual report of the Executive Director, 2016, which provides a comprehensive list of gender indicators based on the GAP results matrix.

and child health, or child marriage, efforts can be made to capture annual progress indicators, such as budgeted national action plans or the number of beneficiaries reached. However, adequate data are harder to find for areas such as MHM, and learning levels for girls versus boys, where data-collection efforts require significant improvement. It is also important to consider alternative options for assessing the effectiveness of gender programming in real time, since data on evaluations often involve a significant time lag. As UNICEF transitions to the GAP, 2018-2021, there will be an opportunity to reconsider areas for measuring progress and to establish a process to assess the impact of the GAP approach within a six-to-eight-year time frame.

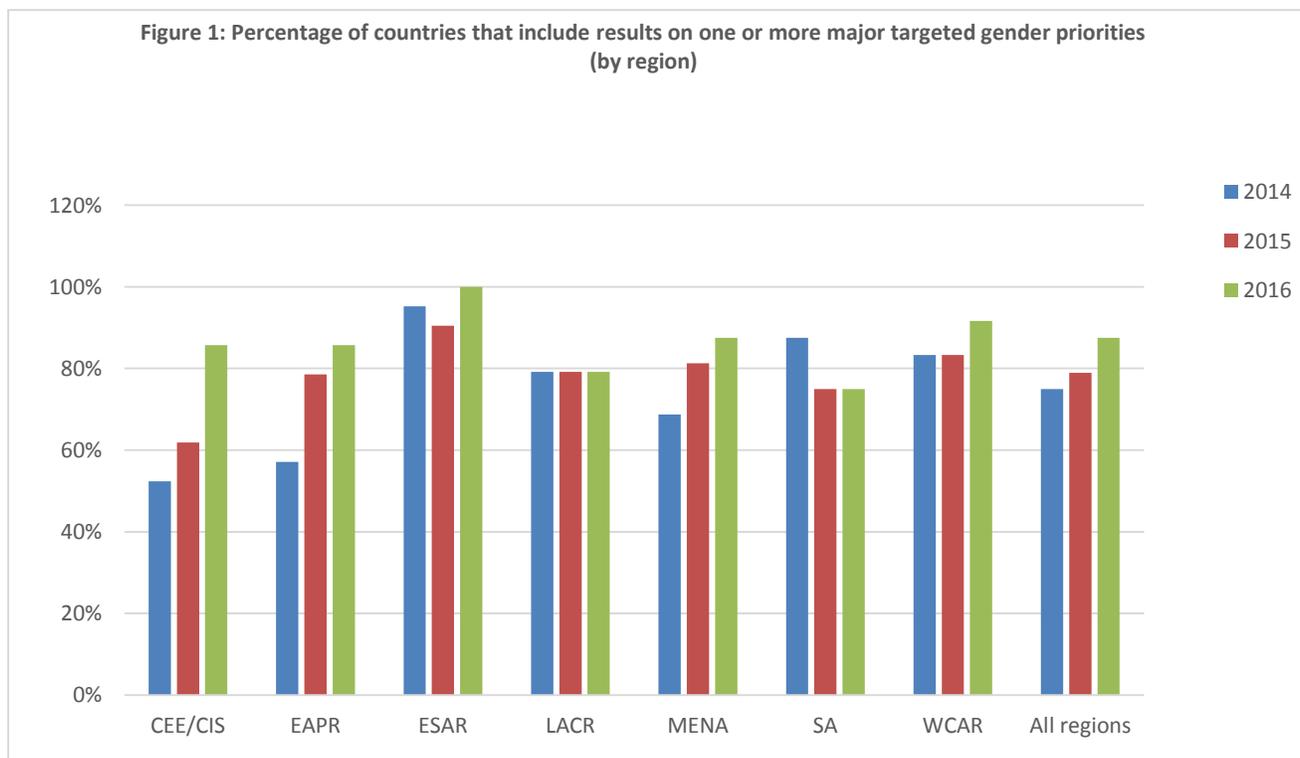
## **II. Programmatic results**

7. The GAP advances gender equality by focusing on targeted cross-sectoral priorities that have a primary focus on adolescents — particularly girls — as well as by mainstreaming gender across the seven UNICEF Strategic Plan outcome areas. The four cross-sectoral targeted priorities outlined in the GAP are: (a) promoting gender-responsive adolescent health; (b) advancing girls' secondary education; (c) ending child marriage; and (d) addressing gender-based violence in emergencies. The GAP also aims to achieve gender-mainstreaming results specific to the Strategic Plan outcome areas by focusing on key results with a strong gender dimension, for example, gender equality in reducing child mortality; quality maternal care and nutrition; gender equality in education; protecting and supporting boys and girls at-risk of violence; access to water, sanitation and hygiene (WASH) by women and girls in humanitarian and non-humanitarian contexts; and gender-responsive policies, legislation and social protection.

### **A. Targeted gender priorities**

8. Targeted gender priorities aim for transformative shifts in gender equality by focusing on adolescence as a life stage during which girls, in particular, can be supported so that they build and retain lifelong options and opportunities. Over the past three years, there has been rapid progress in two of the four priorities: child marriage, and gender-based violence in emergencies. Several aspects of gender-responsive adolescent health — nutrition, pregnancy prevention and maternal care, and ending FGM/C — have also shown substantial improvements. Progress has been slower on girls' secondary education and adolescent-related HIV/AIDS, “second-generation” issues that require increased financing and innovative solutions for reaching hard-to-reach or marginalized adolescent girls. As an emerging issue, MHM is gaining traction, but requires expanded on-the-ground programming.

9. Figure 1 shows that targeted gender priorities have become core to UNICEF work on gender, aligning with key regional concerns. In 2016, 88 per cent of UNICEF-supported country programmes included planned results in one or more of the four targeted gender priorities, a 13 per cent increase from 2014.



*Key:* CEE/CIS: Central and Eastern Europe and the Commonwealth of Independent States (region); EAPR: East Asia and the Pacific region; ESAR: Eastern and Southern Africa region; LACR: Latin America and Caribbean region; MENA: Middle East and North Africa (region); SA: South Asia (region); WCAR: West and Central Africa region.

### Ending child marriage

10. UNICEF, in partnership with UNFPA, national Governments and civil society organizations, has contributed to focusing attention and resources, and accelerating measurement, programming and results in preventing and addressing child marriage over the past three years. These efforts are beginning to show progressive results at the national and global levels, especially in accordance with Sustainable Development Goal indicator 5.3.1, “Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18.” As the custodian for this indicator, UNICEF is tracking the levels of child marriage across 120 countries.

11. In 2016, 60 UNICEF-supported country programmes focused on child marriage as a targeted priority, compared to 52 in 2015 and 44 in 2014. In support of multiple Governments and in partnership with civil society, in 2016, UNICEF and UNFPA launched the Global Programme to Accelerate Action to End Child Marriage. The programme focuses on 12 countries with a high to medium prevalence and burden of child marriage.<sup>2</sup> It supports national and local efforts to scale-up multisectoral interventions to address child marriage, including advancement of national strategies, costed national plans, improved schooling and health options for girls, life skills training, community mobilization and the generation of quality data and evidence.

12. Collaborative efforts by UNICEF, UNFPA, the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) and national partners have resulted in seven of the global programme countries developing

<sup>2</sup> The Global Programme countries include: Bangladesh, Burkina Faso, Ethiopia, Ghana, India, Mozambique, Nepal, Niger, Sierra Leone, Uganda, Yemen and Zambia.

national strategies or plans on child marriage, with three countries — Burkina Faso, Mozambique and Uganda — having costed the plans. In 2016, Uganda budgeted its plan and began implementation in key districts. In Mozambique, the programme supported the development of the National Strategy for School Health and for Adolescents and Youth (2016-2020). By end-2016, 11 UNICEF-supported countries had budgeted national strategies or plans on child marriage (compared to 5 in 2015), thus exceeding the 2017 target of 10 countries.

13. In 2016, more than 1 million girls were reached by the global programme with one or more services related to skills, information, schooling, or health. Some 420,000 girls received life skills training and 210,000 adolescent girls received educational support through interventions including school materials, bursary support, coverage of transportation expenses and cash transfers. The programme also helped to strengthen national systems to deliver services to girls at risk of marriage, or already married. More than 7,500 schools were supported to improve the quality of education for adolescent girls through improvements in physical infrastructure, WASH, MHM, teacher training, gender-responsive curricula and textbook reform. In Burkina Faso, 43,000 primary schoolteachers received training on using a quality child-friendly schools approach with a gender component.

14. The global programme reached 1.7 million people through community-based behavioural change and sensitization activities, including community dialogue, media and interactive folk theatre, as well as partnerships and advocacy with faith-based organizations and traditional leaders. In Mali, UNICEF supported social mobilization on child marriage, reaching almost 420,000 community members. Many countries that are not part of the global programme are also implementing similar interventions. In Indonesia, UNICEF worked through an inter-ministerial partnership to develop training for local leaders to improve knowledge, attitudes and practices of communities towards girls so that they can make informed marriage decisions.

15. UNICEF supported the development of the forthcoming African Union report on the status of child marriage, contributing recommendations for the next phase of the Campaign for Ending Child Marriage. UNICEF also contributed to General Assembly resolution [71/175](#), which articulates a shared global understanding of child marriage, commitments on what must be done and the support required for affected girls.

### **Advancing girls' secondary education**

16. Globally, there has been progress in increasing lower secondary school enrolment among girls, with the percentage of countries in which girls are disadvantaged versus boys falling from 41 per cent in 2014 to 36 per cent in 2016. UNICEF is working with Governments and partners to increase the number of marginalized girls completing secondary education, improve their learning and reduce the number of adolescent girls out of school. To accomplish this, UNICEF emphasizes multisectoral strategies at the systems and community levels to increase affordability and access for girls, create gender-responsive schools, build community engagement, and improve education quality for girls and boys.

17. In 2016, 60 UNICEF country offices implemented actions to advance girls' secondary education. Fourteen offices<sup>3</sup> are part of a coordinated effort to systematically assess, document and implement specific strategies and results to advance girls' secondary education, and to work with initiatives to reduce child marriage and adolescent pregnancy.

<sup>3</sup> Bangladesh, Côte d'Ivoire, Ethiopia, Ghana, Guatemala, India, Malawi, Niger, Nigeria, Papua New Guinea, Pakistan, Peru, Tajikistan and Uganda.

18. In 2016, through its partnership with national and subnational Governments, UNICEF supported cash transfer programmes in several countries, which increased the number of marginalized girls attending and completing secondary education. In West Bengal, India, cash transfers derived from the state budget supported secondary education and non-formal education for 62,000 adolescent girls. In Nigeria, cash transfers allowed 24,000 girls to go to school. In Madagascar and Niger, cash transfers were combined with quality improvements in lower secondary education, thus improving learning outcomes.

19. UNICEF also supported community-based efforts for adolescent girls to succeed at secondary level and to develop knowledge and skills for their future. In three districts of Tajikistan, UNICEF supported adolescent peer groups and community mobilization aimed at overcoming sociocultural barriers to continued education. As a result, 96 per cent of the girls who pledged to continue their education enrolled in upper secondary school, an increase in the transition rate in UNICEF-supported schools of 10 percentage points.

20. In Papua New Guinea, UNICEF supported training of provincial education directors and teachers to develop lesson plans free of gender stereotypes, improving gender equity in education for 18,000 girls and boys in three provinces. The Government has taken this effort to scale through integration in the national curriculum for children aged 9-14. In Rajasthan State, India, UNICEF supported life skills education for more than 32,000 girls, as well as state government initiatives to integrate life skills education into the curriculum for all 4,085 secondary schools in Assam and 3,500 schools in Madhya Pradesh.

21. For UNICEF, MHM is a key strategy for furthering girls' education and gender equality outcomes, especially as the number of countries in which more than 50 per cent of primary schools that have WASH facilities that meet national standards remains at 34, far short of the target of 100. UNICEF directly supported MHM in more than 1,000 schools in 14 countries. In Ethiopia, UNICEF worked with local partners to develop a package of life-skills training, MHM support and educational material, enabling nearly 24,000 disadvantaged adolescent girls to remain in lower secondary school. In China, separate girls' toilets were integrated into infrastructure planning in selected county-level schools. UNICEF partnered with Majelis Ulama Indonesia (the Council of Indonesian Ulama) on the production and roll-out of in-school MHM communication materials for girls and boys.

22. School-related gender-based violence is another area in which programming progressed slowly and where UNICEF is increasing its efforts. Twenty-five per cent of countries report national plans to address the issue, short of the 32 per cent target. UNICEF continued to partner with the Global Partnership for Education and the United Nations Girls' Education Initiative (UNGEI) on a three-year research initiative that ends in 2017, generating evidence on promising approaches to end school-related gender-based violence in Côte d'Ivoire, Ethiopia, Togo and Zambia. In Honduras, UNICEF worked with the Ministry of Education to formulate a strategy and school management model for preventing sexual violence against adolescent girls. The model is being piloted with the involvement of 12,000 girls and boys and will inform a national roll-out.

### **Promoting gender-responsive adolescent health**

23. The GAP provides a framework for addressing cross-sectoral gender-responsive adolescent health issues, including adolescent pregnancy and anaemia, and prevention of HIV and FGM/C. In 2016, gender-responsive adolescent health was a GAP-targeted priority for 73 UNICEF programme countries, compared to 63 in 2014. In 2016, UNICEF contributed to shaping the landmark publication *Our*

Future: A Lancet Commission on Adolescent Health and Well-being, which argues that there are threats and unrealized opportunities for the health and well-being of young people that national and global efforts must address. UNICEF also contributed to technical guidance on adolescent health produced by Every Woman, Every Child.

24. Delivering services and information to girls experiencing or at risk of adolescent pregnancy is a priority in the UNICEF Strategy for Health (2016-2030). UNICEF provided technical assistance to the Government of Bangladesh on its costed national Adolescent Health Strategy and support on adolescent-friendly health services for 37,000 adolescent girls in pilot areas. In Argentina, UNICEF, in partnership with Fundación para Estudio e Investigación de la Mujer (Foundation for the Education and Study of Women), led a campaign to prevent unplanned adolescent pregnancies that reached more than 430,000 girls. To reduce anaemia among adolescents, UNICEF partnered with national and state Governments in India to provide iron and folic acid (IFA) supplements to 85 million schoolchildren and 23 million out-of-school adolescent girls. In Afghanistan, working through school management shura members and academic supervisors, UNICEF provided more than 600,000 adolescent girls in 10 provinces with IFA supplements.

25. In many countries, there has been marked success in reducing rates of adolescent pregnancy and anaemia. Skilled birth attendance has increased significantly among adolescents aged 15-19, with 80 per cent or more births now attended by a skilled provider in 54 countries, up from 39 in 2013 and approaching the target of 60 by 2017. For antenatal care coverage, the target of 25 countries has been surpassed, with 32 UNICEF-supported country programmes reporting at least 80 per cent coverage for adolescents aged 15-19. Ninety-one countries reported having budgeted plans to reduce adolescent pregnancy, compared to 83 in 2013, and 41 countries now have anaemia-reduction plans for girls, compared to 27 in 2013.

26. In a breakthrough, two countries in the UNFPA-UNICEF Joint Programme show a reduction of 10 per cent or more in the proportion of girls aged 0-14 undergoing FGM/C since 2008, meeting the target set for 2017. In 2016, UNICEF worked with UNFPA, civil society and Governments in 25 countries on the abandonment of FGM/C at the national and community levels. Access to prevention, protection and treatment services were provided for 728,000 girls and women who had experienced or were at risk of FGM/C. National budget lines related to FGM/C were introduced in Eritrea, Mauritania, Nigeria and Uganda, raising the total number of countries with FGM/C-related budgetary allocations to 13. Public declarations of abandonment of FGM/C were made in 2,900 communities across the 17 joint programme countries, reaching 8.5 million people.

27. UNICEF is accelerating efforts to support countries to address HIV prevalence and prevention among adolescents. Available data on HIV knowledge and antiretroviral use indicate that most countries are not reaching the target of 80 per cent coverage among adolescents. Similarly, for most countries, the target of 60 per cent coverage of condom use has been difficult to attain, especially among females. One reason has been the difficulty in scaling up prevention strategies and getting services to reach adolescent girls. UNICEF is supporting countries to target their HIV/AIDS programming through the increased adoption and scale up of evidence-based strategies (from 26 countries in 2013 to 33 in 2016) and the roll out of adolescent-relevant policies that focus on prevention, such as school-based life skills education (from 28 countries in 2013 to 34 in 2016).

28. In HIV priority countries, UNICEF worked on information, education and testing related to HIV/AIDS. In partnership with the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNICEF supported roll-out of a life skills curriculum in 255 secondary schools in Swaziland, raising awareness of HIV and adolescent sexual

and reproductive health among 48,000 girls. In China, UNICEF worked with young people to support a national youth safe sex campaign, including a youth-driven survey that generated more than 30,000 responses, as well as community-outreach activities to discuss safe sex and self-protection that covered 50,000 adolescents.

### **Gender-based violence in emergencies**

29. The scale and visibility of major humanitarian crises has brought unprecedented attention to gender-based violence in emergencies. In 2016, UNICEF provided approximately 4 million women, girls and boys in humanitarian situations across 53 countries with a package of risk mitigation, prevention and response services to address gender-based violence. This more than doubles the number reported in 2015, itself a doubling of the 2014 number.

30. The UNICEF approach to addressing gender-based violence in emergencies includes mitigating risk by equipping latrines and bathing facilities with locks and lighting; and having safety patrols and codes of conduct in learning centres. In 2016, more than 3.2 million women and girls received improved hygiene and sanitation facilities in emergency settings, responding to feedback that identified substandard WASH facilities as a high-risk area for sexual violence. UNICEF WASH programmes in 20 emergency-affected contexts reached 1 million women and girls of reproductive age with MHM materials and messaging. In the Syrian Arab Republic, the WASH programme increased household delivery of services to reduce the risks of gender-based violence associated with women and children collecting water from communal water points.

31. UNICEF implemented interventions to address gender-based violence in emergencies across sectors and covered a range of safety and protection issues. In the Central African Republic, more than 9,000 female survivors of gender-based violence were provided with health and psychosocial support services. In Iraq, UNICEF-initiated case management and psychosocial support on gender-based violence reached 2,660 women and 2,000 girls. Woman- and child-friendly safe spaces also provided psychosocial support, socio-economic programming, case management, clinical management of rape services, referral services and awareness-raising activities for survivors and those at risk, reaching more than 60,000 women and girls.

32. In Turkey, UNICEF supported the prevention and mitigation of gender-based violence in emergencies by including gender equality in a parenting programme that reached more than 40,000 Syrian refugee parents and 25,000 refugee girls and boys. Psychosocial support programmes reached 167,000 Syrian refugee children. In Nigeria, UNICEF partnered with the non-governmental organization (NGO) International Alert and local NGOs to provide reintegration support for more than 2,000 women and girls who had been abducted, raped or forcibly married by Boko Haram.

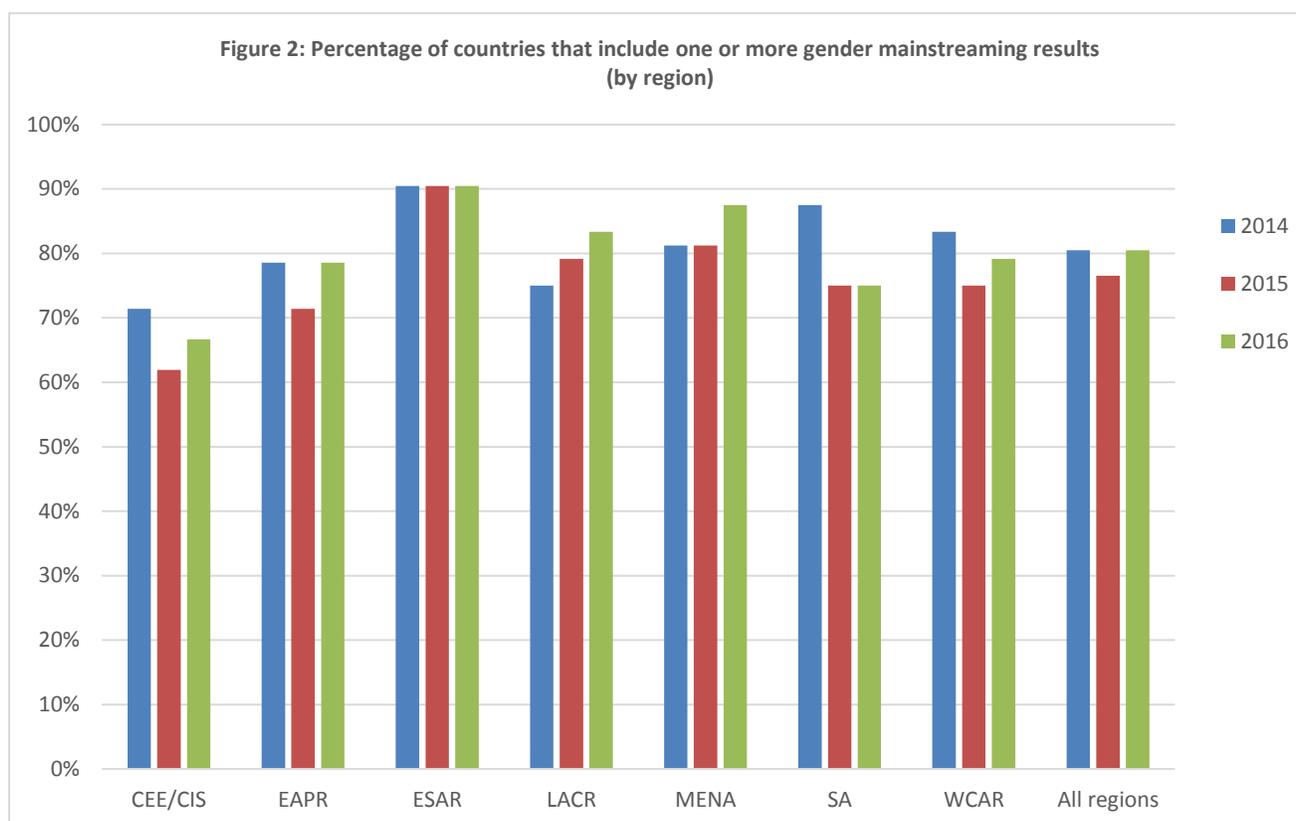
33. In Myanmar, UNICEF supported the expansion of a government-led case management system to 40 townships, as well as NGO-led case management services across camps and townships for internally displaced persons, providing safe spaces for 130,000 adolescent girls and 125,000 boys in conflict-affected communities. UNICEF also supports the effective collection and harmonization of data on gender-based violence in humanitarian settings by serving on the inter-agency Steering Committee of the Gender-Based Violence Information Management System, currently operational in 14 countries.

34. Overall, the work of UNICEF is demonstrating additional interlinkages across the four targeted gender priorities. An increasing number of country programmes are connecting their work on child marriage with girls' secondary education, and more countries see advancing girls' education and ending child marriage as critical means

of addressing adolescent pregnancies and anaemia. Similarly, the role of schooling or water and sanitation in preventing gender-based violence in emergencies is more evident. However, even as policies and global commitments to investing in adolescent girls have become more robust, financing for such commitments remains inadequate to reach the millions of girls at risk. Moreover, given religious, social and political conservatism in many settings, national commitments to addressing issues such as child marriage, FGM/C, delayed pregnancies, or even girls' schooling, require constant reinforcement and programming flexibility in order to achieve sustainable change.

## B. Mainstreaming gender

35. Mainstreaming gender across programmes in the outcome areas of the UNICEF Strategic Plan includes addressing the critical gender issues faced by women and children, such as improving maternal health and nutrition; reducing gender differentials in child survival and care; reducing mother-to-child transmission of HIV; achieving gender equality in primary school completion and learning; reducing gender barriers to birth registration; and supporting quality childcare.



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36. Figure 2 shows that in 2016, 80 per cent of UNICEF country programmes included one or more gender mainstreaming results. While high, this rate is the same as the percentage in 2014, indicating that after an initial specification of gender-mainstreaming results in the vast majority of UNICEF country programmes, the momentum for this specification to become universal has not been sustained. An

important reason is that, unlike “targeted gender priorities,” which are very easily identified with gender results, there continues to be a lack of clarity among UNICEF staff as to what qualifies as a mainstreaming result. In the near term, additional guidance is being provided to country offices.

### **Health, nutrition and HIV/AIDS**

37. UNICEF programmes reported good progress in efforts to advance gender equality in child survival and maternal and neonatal health. In 2016, the target of providing at least 80 per cent coverage of lifelong antiretroviral therapy (ART) for all pregnant women living with HIV in 10 of the 21 priority countries for the elimination of mother-to-child transmission of HIV was exceeded, with combined coverage of 74 per cent for all 21 priority countries. Other indicators on maternal care and breastfeeding also performed well in 2016. The number of UNICEF programme countries with at least 80 per cent coverage of skilled attendance at birth continues to rise, reaching 100 countries in 2016, far surpassing the target of 60 countries. Antenatal care coverage of 80 per cent or more for pregnant women was also achieved in 53 countries, more than double the target of 25 countries. And the target of 40 countries with a 50 per cent or higher exclusive breastfeeding rate among children 0-5 months old was achieved ahead of schedule in 2016.

38. Equally important, 65 countries reported having costed implementation plans for maternal, newborn and child health care (short of the target of 70). A policy focused on antenatal care was developed, adopted and implemented by 108 countries (slightly below the target of 113). Progress was also made on maternal and neonatal tetanus (MNT), with three more countries eliminating MNT in 2016, bringing the total to 41, against the target of 54 countries by 2017.

39. In humanitarian settings, coverage to prevent mother-to-child-transmission of HIV is slowly improving. The rate increased from 54 per cent in 2013 to 62 per cent in 2016, short of the 80 per cent target for 2017. However, by June 2016, all 21 priority countries in sub-Saharan Africa in the Global Plan towards the Elimination of New HIV Infections among Children and Keeping their Mothers Alive: 2011-2015 had adopted a policy of providing lifelong ART for all pregnant women living with HIV.

40. UNICEF worked with Governments and other partners to expand the pool of female community health workers and midwives to provide maternal and child health services to women and adolescent girls in both non-humanitarian and humanitarian settings. In Pakistan, new health education modules were developed to train lady health workers across three provinces with a catchment population of 3.2 million. In Yemen, displaced community midwives were equipped so that they could continue their work during emergency conditions and provide home-based care to 47,000 pregnant and lactating women. More than 26,000 pregnant and lactating women accessed maternal services through these mobile team and 147,000 through integrated outreach services. In Lebanon, maternal and child health services were provided to all Palestinian refugee camps through the United Nations Relief and Works Agency for Palestine Refugees in the Near East network of primary health centres, reaching 85 per cent of all pregnant women and more than 95 per cent of lactating mothers.

41. The indicators on addressing gender discrimination in child survival show slower progress. The number of countries that analyse sex-differentiated infant and child mortality estimates has remained around 42 since 2013, short of the target of 62 by 2017. The number of UNICEF programme countries where at least 80 per cent of both boys and girls under age 5 with symptoms of pneumonia were taken to an appropriate health provider has also increased slowly, from 6 in 2013 to 8 in 2016, and is unlikely to reach the target of 20 countries by 2017. UNICEF programme countries with significant sex differentials in child mortality and care —

especially in Central and Eastern Europe and the Commonwealth of Independent States, and South Asia — are increasingly prioritizing programming to address gender discrimination in the care and treatment of girls versus boys aged 0-5.

42. Although there has been progress on gender reviews of nutrition policies with UNICEF support, with the number rising from 16 in 2013 to 25 in 2016, it is short of the target of 40 by 2017. At the same time, delivery of nutritional services through government mechanisms and civil society partners is meeting critical needs. For example, 130,700 pregnant and lactating women in 14 earthquake-affected districts of Nepal received IFA supplements; of these, 26,000 were identified as acutely malnourished. In the Democratic People's Republic of Korea, 270,000 pregnant women received IFA supplements; and 360,000 pregnant and lactating women received at least two months' supply of multi-micronutrient tablets during pregnancy and at least one month's supply during lactation.

43. UNICEF continued interventions and advocacy to support breastfeeding mothers through workplace policies, and by framing breastfeeding as a socioeconomic issue — not simply a health issue — that requires multilevel interventions. This perspective was highlighted at the Women Deliver 4th Global Conference in 2016, strengthening UNICEF partnerships on breastfeeding with organizations working on women's health and rights. In Bangladesh, Cuba, Guatemala, Maldives and Pakistan, UNICEF developed public-private partnerships to mobilize workplace support for breastfeeding. A UNICEF-supported human milk bank reached 94 per cent of children in neonatal departments in Cuba, and was complemented by training of health professionals in 111 municipalities.

44. The outbreak of the Zika virus, which has affected at least 75 countries in Latin America and the Caribbean, Africa and Asia, threatened the well-being of women and children while causing birth defects in newborns. In line with the World Health Organization-coordinated inter-agency Strategic Response Plan, in 2016 UNICEF supported interventions led to increased access to health services, especially for teenagers, pregnant women and women of childbearing age. A total of 31,000 pregnant women were reached with interventions to prevent Zika virus infection and nearly 162 million people were reached with preventive messages through mass, social and digital media campaigns.

### **Water, sanitation and hygiene**

45. In 2016, UNICEF made important progress in supporting countries to improve WASH in households, schools and health facilities, efforts that have especially positive benefits for women and girls. In 123 countries, 75 per cent or more of households now have access to an improved source of drinking water, only 2 countries short of the 2017 target of 125 countries. Similarly, the number of countries where one third or more of the population practices open defecation has been reduced from 23 in 2013 to 17 in 2015, only 2 countries short of the target of 15 for 2017. Progress still needs to be made on the percentage of countries implementing national strategies to eliminate open defecation (65 per cent in 2016 against the target of 70 per cent by 2017), and even greater effort is required to increase from 103 countries in 2015, in order to achieve the targeted 120 countries where 50 per cent or more of the population has an improved sanitation facility.

46. Gender-responsive WASH facilities in schools and health centres continued to be a key priority for UNICEF. In 2016, UNICEF supported improved WASH services and programmes in 7,100 schools, bringing the total number of schools supported since 2014 to 43,000. Technical and financial support was provided to equip 1,650 health-care facilities in 73 countries with WASH facilities, and 1.3 million additional girls had access to WASH facilities in schools in 2016. In 31 countries, UNICEF

provided 1 million women and girls in emergencies with MHM materials (nearly double the planned target of 650,000 women and girls). In Iraq, 350,000 boys and girls in 482 schools benefited from rehabilitated WASH facilities in primary schools.

47. UNICEF also supported women's engagement in Community-Led Total Sanitation (CLTS) and addressed the sanitation needs of women and girls. In Bangladesh, 2,600 women were equipped to implement and monitor community action plans for their communities to achieve open-defecation-free status. In Myanmar, 98,000 women were reached with hygiene promotion to increase good hygiene practices on CLTS, promote environmental sanitation and sustain open-defecation-free status. In Nigeria, female WASH committee members distributed almost 100,000 WASH kits, which included reusable menstrual hygiene pads, and sensitized women on use of the kits. In camps set up in Boko Haram-affected areas, 50 per cent female membership of the committees was achieved.

### **Education**

48. UNICEF is committed to gender equality in education. The latest statistics indicate that achieving gender parity in reducing the number of out-of-school children remains a challenge, with 32 million primary-school-age girls out of school compared to 29 million boys. This is short of the target of 18 million, respectively, of girls and boys out of school by 2017. Rates of primary school completion have dipped to 91 per cent for boys and maintained at 91 per cent for girls, but gender parity has improved, with a gender parity index of 1.00 for primary completion.

49. To address these challenges, UNICEF worked on evidence-based, scalable solutions to keeping the most marginalized girls in school and learning. Globally and regionally, UNICEF continued to host the UNGEI secretariat, which focuses on evidence-building efforts on gender equality in education, especially through support to the 2016 UNESCO Global Education Monitoring Report.

50. UNICEF worked with partners to strengthen gender-responsive education systems in several countries. In Pakistan, the focus was on gendered barriers to education in district education plans in 60 districts across two provinces. In Malawi, UNICEF supported government efforts to provide community-based alternate learning pathways for 40,000 adolescent girls who had never enrolled in, or had dropped out of primary school. In Afghanistan, satellite teacher training centres were supported to enrol almost 900 female students and to increase the number of female teachers in rural areas. UNICEF also supported government efforts to increase teachers' capacity to tackle gender inequities in education, for example, through the development of gender-responsive curricula in Burundi and Honduras, and through teacher training in Cameroon.

51. In humanitarian contexts with weak education systems, accelerated learning programmes help to improve access to education for out-of-school girls. In Afghanistan, UNICEF support helped to double the number of new community-based education centres, with 5,180 centres now reaching a total of 70,000 girls. Globally, UNICEF worked with partners to provide access to education services and psychosocial support for girls in humanitarian settings. In Iraq, UNICEF interventions enabled at least 335,000 girls to access education.

### **Child protection**

52. While significant results on gender and child protection were achieved through three of the four targeted priorities (child marriage, FGM/C and gender-based violence in emergencies), UNICEF also mainstreamed gender in its child protection programming through the provision of gender-equitable legal support for girls and boys, birth registration, and protection against abuse and induction by armed forces

and support for family reunification in humanitarian settings. In 2016, UNICEF also supported the revision of child protection-related policies based on gender analyses undertaken in 42 countries, up from 33 in 2013, although short of the target of 70 countries by 2017.

53. In Papua New Guinea, UNICEF supported law enforcement officials to provide child-friendly and gender-sensitive services to children in contact with the law. In Cambodia, the focus was on remedial education to facilitate the reintegration of 9,400 girls and boys (46 per cent females) vulnerable to violence, exploitation, trafficking and substance abuse through targeted life skills, vocational training, career advice and business development skills.

54. In Indonesia, UNICEF worked with the Government to make birth registration more accessible, particularly for unmarried mothers, contributing to birth registration rates increasing from 68 per cent to 79 per cent. UNICEF, with partners, provided Palestinian refugee women with services such as family counselling, legal advice and documentation support for marriages and births.

### **Social inclusion**

55. Gender-responsive social inclusion efforts include support for non-gender-discriminatory legislation, accountability and normative frameworks within countries, including ratification of the Convention on the Elimination of All Forms of Discrimination against Women and the revision of domestic legislation in line with its concluding observations. While there has been progress on the number of countries having ratified that Convention (189 in 2016, against the target of 193 in 2017), the number of countries with national legislation and policies aligned with the concluding observations of the Committee on the Elimination of Discrimination against Women has risen slowly, from 55 in 2013 to 77 in 2016, short of the target of 110 by 2017.

56. UNICEF supported the development and expansion of cash transfer programmes in more than 70 countries. In 2016, UNICEF, in partnership with the Food and Agriculture Organization of the United Nations and Save the Children, published the findings of a series of impact evaluations in eight African countries that demonstrated the importance of ongoing cash transfer programmes for women. Such programmes often transfer the cash to women in the household, contributing to greater investments for children and the diversification of household economic activities. Evaluation results in Kenya, South Africa and Zimbabwe show important benefits for girls, especially in the form of delayed sexual debut and pregnancies, generally by helping girls to stay in school and reducing the need to engage in transactional sex to pay for their daily needs. In Kenya, the programme resulted in an 8 per cent reduction in sexual debut, and a 5 per cent reduction in adolescent pregnancy since 2004, while in South Africa it led to an 11 per cent reduction in sexual debut as well as reduced numbers of sexual partners and adolescent pregnancies since 2010.

57. These findings can inform policy dialogue and spur action on other gender-responsive social protection initiatives, linking women receiving cash to low-interest microcredit and associated vocational training. In the Democratic Republic of the Congo, for example, UNICEF supported nearly 20,000 women to gain access to microfinance.

### **III. Institutional strengthening**

58. The GAP specifies five benchmarks against which improvements in institutional capacity and systems to support gender-equality results are being tracked: (a) Programme expenditures on gender results; (b) Gender staffing and capacity across the organization; (c) Gender performance of country programme management plans (CPMPs); (d) Gender performance on evaluations of UNICEF programmes; and (e) Effective knowledge-sharing and communications for promoting gender equality. Partnerships is another critical dimension for realizing programmatic results. Continued efforts to strengthen systems and capacity in the third year of GAP implementation have moved most of the benchmarks in a positive direction, even as continuing these efforts over the longer term is essential to reach the desired targets and to sustain organizational momentum.

#### **A. Programme expenditure on gender results**

59. In line with the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women (UN SWAP), UNICEF has set a benchmark of ensuring that 15 per cent of programme expenditure is spent on advancing gender equality by 2017. This applies to programme expenditure supported by both regular resources and other resources, and includes development and humanitarian programmes. Expenditure focused specifically on advancing gender equality rose from 8.2 per cent in 2013 to 9 per cent in 2016. The steady rise in the share of expenditure on programming that advances gender equality is a positive sign. However, the rate of increase is slower than desired for reaching the 15 per cent target by 2017, and preliminary analysis suggests that while programmatic shifts are indeed taking place, the current expenditure coding system may not be well suited to capturing these shifts and its revision will need to be a priority over the next four years.

60. The financial benchmark sets an exceptionally high standard for programme expenditure to qualify as “advancing gender equality,” since both outputs and activities must be gender-relevant or transformative. Like most other United Nations agencies, UNICEF also tracks expenditure through a gender marker. Since 2014, 61 per cent to 64 per cent of programme expenditure has contributed significantly or principally to gender equality.

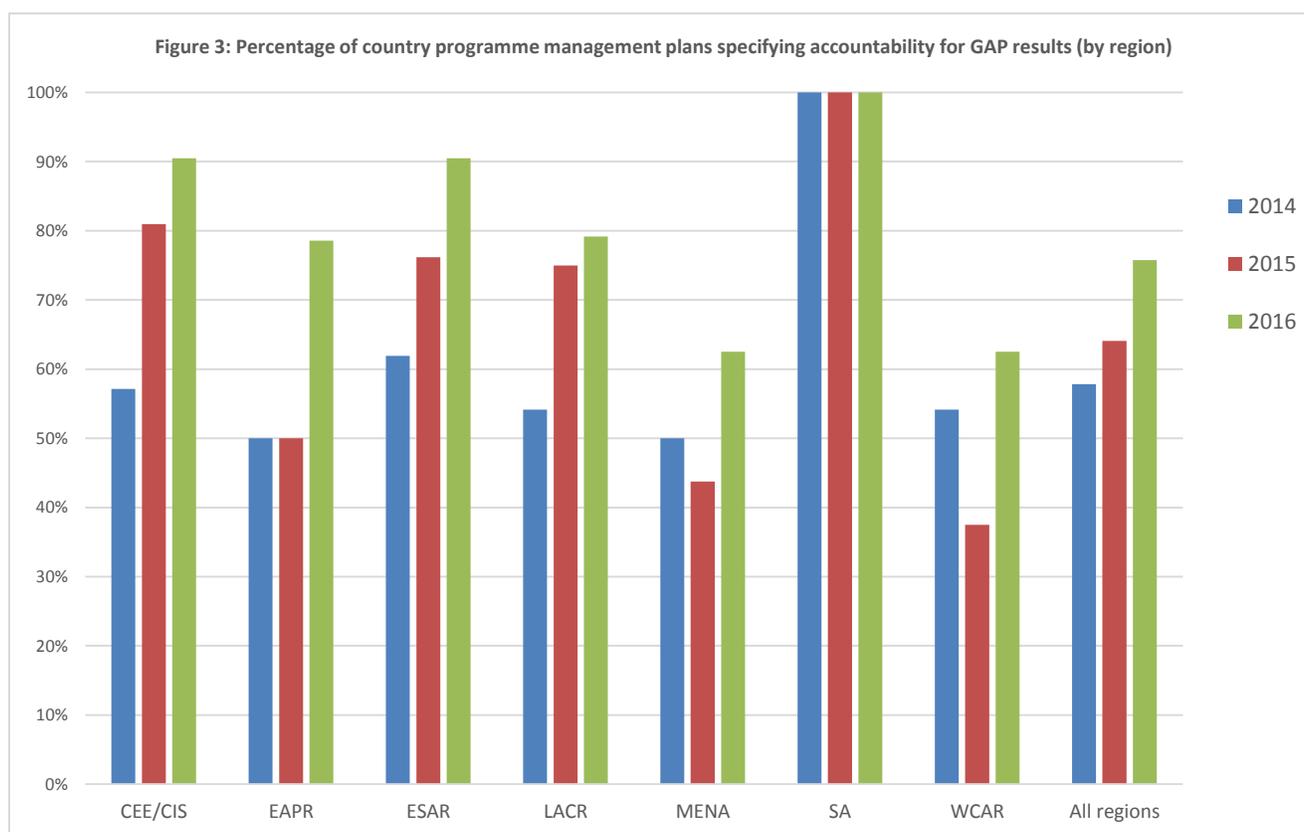
#### **B. Gender staffing and capacity**

61. Gender staffing and capacity are at the heart of strengthening the ability of UNICEF to deliver on gender results, and thus continued to be an important area of focus in 2016. While the recruitment of regional advisers had progressed through 2014 and 2015, 2016 was the first year that all seven were functioning in their posts. While much remains to be done, the strengthening of gender capacity at headquarters and in the regional offices has been a catalyst for the increased focus on gender in UNICEF programming overall. Gender expertise at the country level was bolstered, with the number of dedicated gender specialists increasing from 7 in 2015 to 14 in 2016, and plans were under way for recruitment in 13 additional offices. While this indicates good progress, it suggests that the target of 50 country office gender specialists by 2017 was overly ambitious. There has also been progress at the country level in hiring sectoral gender specialists, with a total of 16 in 2016 compared to 12 in 2015, and gender focal points have now been formalized in 76 country offices.

62. There have been gender parity gains at the senior level, with 48 per cent of all positions at the P-5 level or above held by women in 2016, an increase from 46 per cent in 2015. Women represented 43 per cent of senior staff appointments at the D-2 and D-1 levels in 2016, a 2 percentage point increase from 2015. While talent and excellence remain the overarching criteria for staff selection within UNICEF, recruiting offices and divisions were requested to first assess how the selected candidate would affect the gender balance within the team, with the aim of achieving an equal ratio of women to men.

### C. Gender performance of country programme management plans

63. In 2016, country offices made significant progress in incorporating gender results in their management plans. Seventy-six per cent of CPMPs now outline specific country office accountabilities on gender results and implementation of the GAP, an increase of nearly 18 percentage points since 2014, and on average, all regions have reported a positive trend (see figure 3). Quality assurance and technical support by the regional gender advisers helped to improve gender results and accountabilities at the country level, along with the systematic roll-out of a programmatic gender review tool to support country offices to undertake robust gender reviews in conjunction with their country programme development processes. Several of the remaining countries have incorporated gender results and accountabilities into their annual workplans and will update their CPMPs in their upcoming country programme cycles.



Key: CEE/CIS: Central and Eastern Europe and the Commonwealth of Independent States (region); EAPR: East Asia and the Pacific region; ESAR: Eastern and Southern Africa region; LACR: Latin America and Caribbean region; MENA: Middle East and North Africa (region); SA: South Asia (region); WCAR: West and Central Africa region.

## **D. Gender performance on evaluations of UNICEF programmes**

64. According to the UNICEF Global Evaluation Reports Oversight System, the percentage of evaluations rated “outstanding” (representing good practice) and “highly satisfactory” in incorporating gender went from 52 per cent in 2013 and 51 per cent in 2014 to 33 per cent in 2015. This shadows a more general fluctuation in the overall quality of evaluations reports, which dropped from 74 per cent rated highly satisfactory or outstanding in 2014 to 53 per cent in 2015. Preliminary figures for evaluation reports submitted in 2016 indicate that around 77 per cent are rated as highly satisfactory or outstanding. UNICEF performance on evaluation against UN SWAP indicators showed an improvement in 2015, rising from a rating of 6 in 2014 to 6.36 (“approaching requirements”) in 2015. This brings UNICEF into line with other major United Nations agencies, including the United Nations Development Programme, the United Nations Educational, Scientific and Cultural Organization and UN-Women. Concurrently, a capacity-building guidance and training programme for strengthening gender-responsive evaluations is planned for UNICEF staff during 2017.

## **E. Knowledge-sharing, communication and partnerships**

65. UNICEF has increased knowledge-sharing on its gender programming. An important achievement in 2016 was the development and roll-out of tools around accountability for GAP results, including monitoring tools such as the Gender Dashboard and Gender Tags for the Results Assessment Module indicators in the inSight performance management system. A package of standards and guidance on gender staffing and focal points was shared with all business units through senior management.

66. UNICEF is steadily building an internal community of experts and practice, with a strong core team of senior gender staff at headquarters and in the regional offices serving as a support and knowledge-exchange mechanism. The second Global Gender Network Meeting, convened in June 2016, led to the establishment of a broader network of gender specialists and focal points at UNICEF, with strong linkages and collaborative mechanisms to sectoral staff.

67. Gender issues were highlighted across all of the organization’s public advocacy campaigns. In 2016, the themes of gender innovation and data, especially as relates to adolescent girls, were a special focus for advocacy efforts. During the International Day of the Girl in October, UNICEF launched a publication entitled *Harnessing the Power of Data for Girls: Taking stock and looking ahead to 2030*. It features an assessment of the gaps in data needed to measure progress for girls under the Sustainable Development Goals and showcases new data on girls’ unequal burden of household chores, especially in adolescence. Several major media outlets reviewed the publication and the associated Twitter hashtag #DayoftheGirl, which relates to the overall commemoration, was mentioned 322,000 times during the week of the Day of the Girl (6-12 October 2016), and since then has reached up to 4 billion people and engaged 2.3 million people.

68. UNICEF co-sponsored the 2016 Women Deliver conference, which focused on how to implement the Sustainable Development Goals so that they matter most for girls and women. UNICEF was represented at the sixtieth session of the Commission on the Status of Women, with a focus on priority issues including child marriage, gender-based violence, empowering girls through education, and the role of gender in peacebuilding. The UNICEF Deputy Executive Director (Management) participated in an UN-Women-hosted event on the International Day for the

Elimination of Violence against Women, and drew attention to the gaps in funding to meet the Sustainable Development Goal targets on eliminating child marriage and FGM/C. Collaboration on gender with sister agencies is also furthered through mechanisms such as the United Nations Development Assistance Framework, United Nations Development Group Task Team on Gender Equality, submission of annual reports on UN SWAP, and hosting of the UNGEI secretariat by UNICEF.

#### **IV. Lessons learned and the way forward**

69. The UNICEF Gender Action Plan, 2014-2017 has enabled UNICEF to make tangible contributions towards the achievement of the gender-equitable results defined in the UNICEF Strategic Plan, 2014-2017. The results reported for the past three years demonstrate that the GAP approach of a strong focus on prioritized programmatic results, backed by key institutional investments, can yield demonstrable progress — even within a short time frame. There has been a steady increase in the number of country offices prioritizing gender results, both in their management plans and in their programming, through the specification of targeted gender priorities and a focus on gender mainstreaming. Even as the specification of mainstreaming results remains a challenge, country programme strategies are increasingly robust in working with national systems, local communities and girls and boys — especially adolescents — and in reaching more women and girls. And while much more work is required on a number of evolving and second-generation issues, such as MHM or girls' secondary education, there is evidence of systemic changes in national policy frameworks to align with global commitments in areas such as maternal health, nutrition and child marriage.

70. Important elements of this success have been marked visibility for gender in the Strategic Plan, 2014-2017 and management commitment to provide resources, leadership, increased accountability and strengthened gender expertise. Continued commitment and support from government and civil society partners, enhanced gender capacity at the regional and country levels and a strong knowledge-sharing mechanism are beginning to contribute to demonstrable programmatic results. These results indicate that the organization is moving in the right direction, while remaining mindful of existing challenges in data, measurement and tracking of gender expenditure.

71. Deepening these efforts is a longer-term process, and UNICEF is committed to a second phase of the GAP, which will be developed in conjunction with its Strategic Plan, 2018-2021. The next phase of the GAP will be informed by a 2016 internal review that identified key successes, lessons learned and contributing/inhibiting factors for implementation of the current GAP; and an ongoing external literature review commissioned by the UNICEF Evaluation Office.

72. Preliminary findings from both reviews suggest that aligning the GAP with the Strategic Plan has been an effective strategy to embed gender programming into the organization's "core business". The attention brought to specific gender issues through the GAP targeted priorities has been successful in achieving results, especially around key interlinked issues for adolescent girls. Thus the "dual approach" of targeted and mainstreaming priorities will continue in the next phase of the GAP, although with a clearer articulation of and accountability for gender mainstreaming results, which have tended to be reflected in programming more slowly than the targeted priorities.

73. An important contributing factor to progress under the GAP has been the investment in senior-level gender expertise that has brought credibility, experience and a foundation for the organization's gender architecture. Regional gender

advisers are supporting the development and implementation of higher quality gender programming in countries. Adequate gender capacity at the country level and within sectors remains a challenge, however.

74. UNICEF will accelerate efforts to build dedicated gender capacity at the country level, while also providing a professional path for gender specialists in key sectoral and thematic areas such as health, education, protection, data and measurement. Strengthening gender capacity among focal points will also be a priority. These efforts are under way with the launch of GenderPro, a gender capacity and credentialing initiative that UNICEF will launch in 2017, in consultation with a range of United Nations, government, foundation and civil society experts. The initiative aims to further professionalize applied gender programming both at UNICEF and across the international development field.

75. An equally important factor underlying progress has been a focus on data, evidence and measurement. In the GAP, 2018-2021, UNICEF will build on its efforts to improve the quality and quantity of gender-relevant and sex-disaggregated data in monitoring and evaluation systems, gender analysis and the Sustainable Development Goals. It will innovate around the collection and use of real-time monitoring, and on effectively packaging and using the gender evidence base for programming on gender issues that are key to the work of UNICEF.

76. UNICEF will continue to capitalize on the factors that have aided implementation of the GAP, 2014-2017, including tools and guidance, technical expertise, and resources and reporting. Coherent global guidance has been particularly effective for programming on the targeted priorities. However, the translation of global guidance for specific country and regional contexts has been a challenge. The advent of programme component strategy notes for each country and stronger periodic review of progress offer a pathway in the next phase of the GAP for translating such guidance to country priorities.

77. Thus the next phase of the Gender Action Plan will continue the UNICEF journey to strengthen gender programming, as well as the institutional systems and investments necessary to achieve gender-equitable results for women and children. The plan will incorporate enhancements and adjustments to modify those elements that are either not well-understood or have been slow to progress, while maintaining and accelerating the elements that have contributed to the progress made to date. In this its final year, the plan will continue to leverage the organization's multisectoral mandate and expertise, and its field presence and partnerships in more than 150 countries and territories, to deliver quality results that advance gender equality and the empowerment of women and girls.